



John J. Barthelmes  
Commissioner of Safety  
Richard C. Bailey, Jr.  
Director of Motor Vehicles

**STATE OF NEW HAMPSHIRE**  
**NH DEPARTMENT OF SAFETY**  
**Division Of Motor Vehicles**  
23 Hazen Drive, Concord, NH 03305  
603- 227-4120

☐ NEW  
☐ RENEWAL  
☐ LOCATION CHANGE  
☐ NAME CHANGE  
☐ REGISTRATION  
# \_\_\_\_\_

**APPLICATION FOR TRANSPORTER REGISTRATION**  
**RSA 259:114**

**BUSINESS IS:** ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR **SS/FED ID #:** \_\_\_\_\_

**CORPORATE NAME:** \_\_\_\_\_

**TRADE NAME:** \_\_\_\_\_

**BUSINESS MAILING ADDRESS:**  
\_\_\_\_\_  
Street / RFD / P.O. Box Town / City Zip Code

**BUSINESS LOCATION:**  
\_\_\_\_\_  
Street / RFD Town / City Zip Code

**BUSINESS TELEPHONE NUMBER:** \_\_\_\_\_ **FAX NO:** \_\_\_\_\_

**BUSINESS EMAIL** (optional): \_\_\_\_\_

**BUSINESS HOURS** (indicate days and hours pursuant to RSA 261:103 and SAF-C 2001:15):

**Monday:** \_\_\_\_\_ **Tuesday:** \_\_\_\_\_ **Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_ **Friday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_ **Sunday:** \_\_\_\_\_

**OWNERS / PARTNERS / AND IF A CORPORATION, IN ADDITION, ALL OFFICERS:**

Name	Home Address	Date of Birth	Title	Home Phone #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Are you engaged in moving any motor vehicle or trailer owned by another person, which requires registration for use upon a way for business purposes: or engaged in the business of buying promissory notes secured by mortgages or conditional sales contracts who, in the regular course of business, have occasion to repossess any vehicle or trailer?  
YES ☐ NO ☐

2. Is your trade name registered with the Secretary of State's Office? YES ☐ NO ☐  
If YES, registered name: \_\_\_\_\_

3. Does the location and operation of this business meet all local zoning or other regulatory requirements?  
YES ☐ NO ☐

4. Do you own or lease the premises? OWN ☐ LEASE ☐. If LEASED, please attach a copy of the current lease.

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**FOR RENEWAL ONLY:**

A. Has there been any change in ownership or location of this business which has not been previously reported in writing to the Director? YES ☐ NO ☐

B. Please conduct a physical inventory of all plates issued to your business and list them by letter and location/assignment, in alphabetical order (attached additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

C. List any lost / stolen plate(s) not previously reported to the Director or Motor Vehicles and submit a Lost Plate form, RDMV 125, for each plate: \_\_\_\_\_

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**APPLICANT'S CERTIFICATION**

In consideration of our application for a Transporter Registration, I, on behalf of the owners, partners and officers listed as part of this application, do hereby agree to be familiar with, and abide by all applicable statutes and Transporter rules.

I also certify that the location and operation of my business does not violate any existing local ordinance or regulations, and agree to notify the Director of the Division of Motor Vehicles in writing of any change of address or business status, including ownership, 30 days prior to the effective date of such change.

I further understand that a violation of any of the rules and regulations issued by the Director, Director of Motor Vehicles, will be deemed sufficient cause for an administrative hearing and penalties may be imposed.

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OWNER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME RESIDENCE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ OWNER'S DATE OF BIRTH: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This application is signed and any additional information is offered under the penalty of unsworn falsification pursuant to RSA 641:3.

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**RENEWAL PLATE FEES**

First Plate: \$36.00

Each Additional Plate: \$18.00

Each Supplemental Plate: \$10.00

**TOTAL AMOUNT ATTACHED: \$**

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**MOTOR VEHICLE USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Additional Comments: \_\_\_\_\_